Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number:   25885   25885     258	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name								
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):    Name	<b>✓</b> Pra	Practitioners associated with the Customer Number:			25885			
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  OR  Firm or Individual Name  Address  City State Zip  Country  Telephone Emeil  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED  180 VARICK STREET, 6TH FLOOR  NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature Douglas K. Norman Telephone 317-276-2958								
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  25885  City  Country  Telephone  Email  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature  Date 2-24 2-24 2-24 7  Name  Date 2-24 2-24 2-24 7  Date 317-276-2958		Name				Name		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    The address associated with Customer Number:   25885		<del>''' - ''''</del>		en en				
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) 10:  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  25885  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on bchalf of the assignee.  Signature  Date 2-2 & 200 9  Name  Douglas K. Norman  Telephone 317-276-2958								
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) 10:  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  25885  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on bchalf of the assignee.  Signature  Date 2-2 & 200 9  Name  Douglas K. Norman  Telephone 317-276-2958								
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) 10:  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  25885  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on bchalf of the assignee.  Signature  Date 2-2 & 200 9  Name  Douglas K. Norman  Telephone 317-276-2958								
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b) 10:  Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  The address associated with Customer Number:  25885  OR  Firm or Individual Name  Address  City  Country  Telephone  Email  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on bchalf of the assignee.  Signature  Date 2-2 & 200 9  Name  Douglas K. Norman  Telephone 317-276-2958				j.				
The address associated with Customer Number:    State   Zip	any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents							
Firm or Individual Name   Address   Zip	Please ch	ange the corres	pondence address for the applicati	on identified in the	attached statement u	inder 37 CFR 3.73(b) to:		
Firm or Individual Name Address  City  Country  Telephone  Email  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Date 2-26-2958				2	25885			
Address  City  Country  Telephone  Email  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED  180 VARICK STREET, 6TH FLOOR  NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee.  Signature  Date 2-26-258	Fin	Firm or						
Country Telephone  Email  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 2-26-209  Douglas K. Norman  Telephone 317-276-2958								
Country Telephone  Email  Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 2-26-2009  Name Douglas K. Norman Telephone 317-276-2958	City			Letoro		7:_		
Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 2-26-2009  Name  Douglas K. Norman  Telephone 317-276-2958				State		Ζίβ		
Assignee Name and Address:  IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 2-26-20-9  Name  Douglas K. Norman  Telephone 317-276-2958	Country							
IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 2-26-20-9  Name  Douglas K. Norman  Telephone 317-276-2958	Telephoi	Telephone		İ	Email			
IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR NEW YORK, NEW YORK 10014  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 2-26-2009  Name  Douglas K. Norman  Telephone 317-276-2958	Assistant Name and Address:							
filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature  Date 2-26-2958  Name  Douglas K. Norman  Telephone 317-276-2958	IMCLONE SYSTEMS INCORPORATED 180 VARICK STREET, 6TH FLOOR							
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Signature Date 2-26-2009  Name Douglas K. Norman Telephone 317-276-2958	filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,							
Name Douglas K. Norman Telephone 317-276-2958								
Name Douglas K. Norman Telephone 317-276-2958	Signature		Drunker K Mer			Date 2-26.2009		
	Name	<u> </u>	Douglas K. Norman			<u> </u>		
	Title							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to fille (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/96 (04-09)
Approved for use through 05/31/2009. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEM	ENT UNDER 37 CFR 3.73(b)						
Applicant/Patent Owner: Zhenping ZHU							
Application No./Patent No.: 10/520026	Filed/Issue Date: December 24, 2002						
Titled: BISPECIFIC ANTIBODIES THAT BIND TO VEGF RECEPTORS							
Imclone Systems Incorporated	a corporation						
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.						
states that it is:							
1. X the assignee of the entire right, title, and inte	rest in;						
	an assignee of less than the entire right, title, and interest in (The extent (by percentage) of its ownership interest is						
3. The assignee of an undivided interest in the entirety of (a complete assignment from one of the joint inventors was made)							
the patent application/patent identified above, by virtue	f either:						
A. An assignment from the inventor(s) of the pathe United States Patent and Trademark Officopy therefore is attached.  OR	the United States Patent and Trademark Office at Reel 022022 , Frame 0336 , or for which a copy therefore is attached.						
B. A chain of title from the inventor(s), of the pa	ent application/patent identified above, to the current assignee as follows:						
1. From:	To:						
	United States Patent and Trademark Office at rame, or for which a copy thereof is attached.						
2. From:	To:						
The document was recorded in the	United States Patent and Trademark Office at						
Reel, F	rame, or for which a copy thereof is attached.						
3. From:	To:						
The document was recorded in the	United States Patent and Trademark Office at						
Reel , F	rame, or for which a copy thereof is attached.						
Additional documents in the chain of title ar	listed on a supplemental sheet(s).						
As required by 37 CFR 3.73(b)(1)(i), the docume or concurrently is being, submitted for recordation	ntary evidence of the chain of title from the original owner to the assignee was, pursuant to 37 CFR 3.11.						
	original assignment document(s)) must be submitted to Assignment Division in ignment in the records of the USPTO. See MPEP 302.08]						
The undersigned (whose title is supplied below) is author	nzed to act on behalf of the assignee.						
/James J. Kelley/	06/24/2009						
Signature Date							
James J. Kelley Asst General Patent Cour							
Printed or Typed Name	Title						

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.